

2nd request

PA-IDC

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10/090,100</u>	Prepared by <u>MRB</u>	Tracking Number <u>05882001</u>	
Examiner-GAU <u>-2817</u>	Date <u>4/16/04</u>	Week Date <u>12/29/03</u>	
	No. of queries <u>2</u>	<u>1FW</u>	

JACKET

a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other <u>EXAMINER</u>

SPECIFICATION

- a. Page Missing
- b. Text Continuity
- c. Holes through Data
- d. Other Missing Text
- e. Illegible Text
- f. Duplicate Text
- g. Brief Description
- h. Sequence Listing
- i. Appendix
- j. Amendments
- k. Other

CLAIMS

- a. Claim(s) Missing
- b. Improper Dependency
- c. Duplicate Numbers
- d. Incorrect Numbering
- e. Index Disagrees
- f. Punctuation
- g. Amendments
- h. Bracketing
- i. Missing Text
- j. Duplicate Text
- k. Other

MESSAGE

① please verify last name of primary Examiner's name in Issuing classification form - illegible.

② Provisional Application NO. — on bib sheet and oath don't match; and no provisional data in specifications.

bib = 60/341,571 12/17/01

OATH = 60/295,207 12/17/01

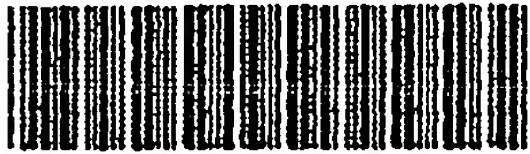
Please advise/correct and please add provisional data in specification.

*Thompson*

initials MTA

RESPONSE

initials

<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/090,100	MONGIA, RAJESH	
	Examiner	Art Unit	
	Kimberly E Glenn	2817	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS	SUBCLASS				CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
333	204				333	219	205	246	
INTERNATIONAL CLASSIFICATION									
H	O	I	P	1/20					
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Kimberly E Glenn (Assistant Examiner) (Date)					Robert P. ... Supervisory Patent Examiner Technology Center 2800 (Date) 10/22/03				
(Legal Instruments Examiner) (Date)					Total Claims Allowed: 37 O.G. Print Claim(s) 1 O.G. Print Fig. 1 and 5				

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA										<input type="checkbox"/> T.D.										<input type="checkbox"/> R.1.47									
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